

**19-07073**

**SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895**

Document Number Override		Primary Crash Document #		Agency Crash Number <b>19-07073</b>		Investigating Officer/Deputy <b>DEPUTY S. STACEY</b>	
Crash Date <b>06/13/2019</b>		Crash Time <b>09:24 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>06/13/2019</b>		Time Notified <b>09:26 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Location

<b>ON USH12 WB</b> <b>0.35 MI S</b> <b>OF SKIHI RD</b> <b>IN THE TOWN OF SUMPTER</b> <b>IN SAUK COUNTY</b>	Latitude	Longitude
	<b>43.415075698</b>	<b>-89.77253435</b>
	X Coordinate	Y Coordinate
	<b>275537.4375</b>	<b>4810644</b>
	Structure Type	
	<b>NO STRUCTURE</b>	

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

<div>01</div> <div>UNIT</div>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

6TL09QKRDN

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
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		Truck Bus or HazMat <b>NO</b>				
01	UNIT	VEHICLE	<b>Vehicle</b>			
			License Plate Number <b>265SSA</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>3C4PDBG9CT396859</b>	Make <b>DODGE</b>	Year <b>2012</b>	Model <b>JOURNEY SX</b>
			Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use <b>NOT A BUS</b>	
			Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
			Extent Of Damage <b>DISABLING DAMAGE</b>	<b>11--LEFT FRONT CORNER, 12--FRONT, UNDERCARRIAGE</b>		
			Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>		
			What Driver Was Doing	Vehicle Factors		
			Driver Prior Action Other			
			01	UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>
01	UNIT	INDIVIDUAL	<b>Policy Holder</b>			
			Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>	Individual <b>LISA KIMPFBECK</b>		
			<b>Individual</b>			
			Driver <b>LISA L KIMPFBECK (608) 434-7467</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race <b>WHITE</b>	
			Address <b>408 5TH ST BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	UNIT	001	<b>Safety Equipment</b>			
			On Duty Crash	Safety Equipment		
			Seat Position	<b>SHOULDER &amp; LAP BELT</b>		
			Helmet Use	Helmet Compliance		
			Eye Protection	Tint Compliance		
			<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag	
			Ejected	Ejection Path	Trapped/Extricated	
			Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
			Hospital	Date of Death	Time of Death	

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UNIT INDIVIDUAL 01 001	<b>Distracted By</b>		Distracted By Source	
	Distracted By Action			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
Individual Condition <b>APPEARED NORMAL</b>				